

292460

ACCEPTED FOR PROCESSING - 2020 June 24 1:21 PM - SC-PSC-2020-155-T - Page 1 of 16

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 155 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Gregory Pauge Enterprise LLC

Telephone: 803-669-8840

Address: 7471 Bennett Drive  
Rembert SC 29128

Fax:

Other:

Email: gregory.pauge.enterprise.llc@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other:  |

SC PUBLIC SERVICE  
COMMISSION

2020 JUN 24 PM 1:12

RECEIVED

✓

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 6-16-20

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Gregory Pouge Enterprise LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

7471 Bennett Drive Rembert SC 29128  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-669-0840

Phone

Fax

gregorypougeenterpriseLLC@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="0"/>	Loans Owed on Motor Vehicles	<input type="text" value="\$24211.20"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="0"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="0"/>	<b>Total Liabilities</b>	<input type="text" value="\$24211.20"/>
<b>Total Assets</b>	<input type="text" value="0"/>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Hourly Rate

Ambulatory - Base rate \$25 - \$40  
 Wheelchair - Base rate \$50 - \$60  
 Stretcher - Base rate \$125 - \$200  
 Additional mileage fees \$2.50 - \$5 per mile  
 Wait time fees (per 30 mins) \$20 - \$30  
 Additional Attendant fees \$20 - \$30

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Toyota	2014/Sienna XLE	5TDYK3DCXE5484735	5995 lb	

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Gregory Paige Enterprise LLC

Name of Applicant

7471 Bennett Drive Rembert SC 29128

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 1325

The above quoted premium is for a term of 1 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>5,000</u>

Burns & Wilcox

Name of Insurance Company

10607 Highway 707, Suite 180 Myrtle Beach SC 29588

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Gregory Podge Enterprise LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

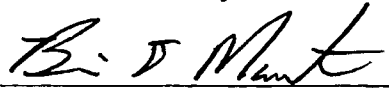
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Kershaw )

SWORN TO BEFORE ME  
This 19 day of June, 20 20

  
Notary Public

Commission Expires 2-21-29

Brian D. Marturano  
Notary Public, State of South Carolina  
My Commission Expires February 21, 2029

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Gregory Pouge Enterprise LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 16th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 26th day  
of May, 2020.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 17 2020  
REFERENCE ID: 458222

  
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

Filing ID: 200117-0752547

Filing Date: 01/16/2020

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Gregory Pouge Enterprise LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
7471 Bennett Dr

(Street Address)

Rembert, South Carolina 29128

(City, State, Zip Code)

3. The initial agent for service of process is

Gregory Stuckey

(Name)



(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
7471 Bennett Dr

(Street Address)

Rembert

South Carolina 29128

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Gregory Stuckey

(Name)

7471 Bennett Dr

(Street Address)

Rembert, South Carolina 29128

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 17 2020

REFERENCE ID: 458222

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Gregory Pouge Enterprise LLC

Name of Limited Liability Company

(b)

Gregory Pouge  
(Name)

7471 Bennett Dr  
(Street Address)

Bembeh South Carolina 29128  
(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Gregory Pouge  
(Name)

7471 Bennett Dr.  
(Street Address)

Bembeh South Carolina 29128  
(City, State, Zip Code)

(b)

Gregory Stuckey  
(Name)

7471 Bennett Dr.  
(Street Address)

Bembeh South Carolina 29128  
(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 17 2020

REFERENCE ID: 458222

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Gregory Pouge Enterprise LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Gregory Stuckey

Signature of Organizer

Date: 01/16/2020

*Gregory Stuckey*  
Signature of Organizer

Date: 2/2/2020

*Gregory Pouge*  
Date: 2-2-2020

# Burns & Wilcox

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

10607 Highway 707, Suite 180, Myrtle Beach, SC 29588  
Phone: (843) 651-3271 OR (800) 849-3271 Fax: (843) 651-6040

TO: Jim Robertson Insurance Agency, LLC (SCHO-SC)  
RE: Gregory Pouge Enterprise LLC

DATE: 5/27/2020  
Page 1 of 3

## WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

### LOCATION(S) OF RISK:

1. 7471 Bennett Dr, Rembert, SC 29128

PROPOSED EFFECTIVE PERIOD: 05/27/2020 AT 12:01 AM TO 05/27/2021 AT 12:01 AM STD TIME AT RISK LOCATION.

FORM OF COVERAGE: PACKAGE COMMERCIAL OCCURRENCE

APPLICATION NO: APP176336234

### INSURER(S):

Line Of Business	Supplier(s)	Participation
Commercial General Liability	Atain Specialty Insurance Company	100.00%

### LIMITS / DEDUCTIBLES:

Loc	Sub Coverage	Limit(s)	Deductible(s)	Co Ins
1	Each Claim	\$1,000,000		
1	Annual Aggregate	\$2,000,000		
1	General Aggregate	\$2,000,000		
1	Products and Completed Operations	\$2,000,000		
1	Each Occurrence	\$1,000,000		
1	Personal and Advertising Injury	\$1,000,000		
1	Medical Expense / Any One Person	\$5,000		
1	Damage to Premises Rented to You / Each Occurrence	\$100,000		
1	Employee Benefit Liability	\$1,000,000		

### TOTAL CHARGES:

Premium:	\$ 250.00	Errors & Omissions
Premium:	\$ 850.00	Commercial General Liability
Fee:	\$ 150.00	Policy Fee (Fully Earned)
Tax:	\$ 75.00	Surplus Lines Tax - CommPkge
<b>TOTAL:</b>	<b>\$ 1,325.00</b>	

### 100% MINIMUM & DEPOSIT

#### TERM MINIMUM PREMIUM:

25.00% EARNED  
MINIMUM PREMIUM = \$275.00

COMMISSION: 10.00 % OF PREMIUM

EXCLUSIONS:

ENDORSEMENTS:

GL





10607 Highway 707, Suite 180, Myrtle Beach, SC 29588  
Phone: (843) 651-3271 OR (800) 849-3271 Fax: (843) 651-6040

TO: Jim Robertson Insurance Agency, LLC (SCHO-SC)  
RE: Gregory Poug Enterprise LLC

DATE: 5/27/2020  
Page 2 of 3

AF1788 - TOTAL CANNABIS AND RELATED PRODUCTS EXCLUSION  
AF100-POLICY JACKET  
SOF AE-SCHEDULE OF FORMS AND ENDORSEMENTS  
UNLPFD1-COMMON DECLARATIONS  
AF900-SERVICE OF SUIT ENDORSEMENT  
AF3380-FRAUD AND MISREPRESENTATION ENDORSEMENT  
AF3550-MINIMUM EARNED PREMIUM & CANCELLATION  
AF2000-GENERAL ENDORSEMENT  
IL0017-COMMON POLICY CONDITIONS  
AF001772-ATAIN INSURANCE COMPANIES CLAIM REPORTING INFO  
UNLPFSD1L-COMMERCIAL GL SUPPLEMENTAL DEC  
AF3378-AMENDMENT OF SECTION IV  
CG0001-CGL COVERAGE FORM AND CONDITIO  
CG2107-EXCLUSION ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION  
CG2167-FUNGI OR BACTERIA EXCLUSION  
AF3400-ABSOLUTE SILICA DUST EXCLUSION  
AF001007-COMB COV AND EXCL ENDT (excludes asbestos, lead, employment related practices, nuclear energy, malpractice, physical/sexual abuse, pollution, assault/battery)  
AF001396-INFINGEMENT, MISAPPROPRIATION  
AF000839-EMPLOYEES/SUBCON/INDEP CON/TEMP WORKERS/LEASED WORKERS/VOLUNTEERS  
AF000873-KNOWN INJ/DAMAGE EXCL- PERS & ADV INJ  
AF000899-AMENDMENT-AIRCRAFT, AUTO OR WATERCRAFT EXCLUSION  
AF001401-DAMAGE TO PREMISES RENTED TO YOU LIMITATION  
AF001707-AMENDMENT OF NONPAYMET/CANCELLATION CONDITIONS  
AF001729-EXCLUSION - STATE OF MISSOURI  
AF001752-AMERICANS WITH DISABILITIES AND DISCRIMINATION EXCL

Terrorism Coverage  
CG2173-REJECTED

State Specific Forms  
IL0249-SC CHANGES

Additional Forms  
CG0300-DEDUCTIBLE LIABILITY  
CG2132-COMMUNICABLE DISEASE EXCL  
CG2135-EXCL-COVERAGE C  
CG2139-CONTRACTUAL LIMITATION  
AF000871-MAXIMUM LIMIT  
AF000943-DOCTORS AND NURSES EXCLUSION  
AF001084-PROFESSIONAL LIAB COV PART  
AF001116-EMPLOYEES AS INSURED  
AF001199-SEXUAL ABUSE/MOLESTATION EXCL  
AF0044-SEXUAL/PHYSICAL ABUSE LIAB - \$25,000/\$50,000  
AF33510-CLASSIFICATION LIMIT  
AF3369-OCCUPATIONAL/ENVIRONMENTAL DIS

**CONDITIONS:** PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.

# Burns & Wilcox

10607 Highway 707, Suite 180, Myrtle Beach, SC 29588  
Phone: (843) 651-3271 OR (800) 849-3271 Fax (843) 651-6040

TO: Jim Robertson Insurance Agency, LLC (SCHO-SC)  
RE: Gregory Poug Enterprise LLC

DATE: 5/27/2020

Page 3 of 3

Completed and signed acord applications upon binding.

Completed and signed supplemental applications upon binding.

Copy of auto coverage with limits equal to or greater than our policy limits. Loading/unloading coverage msut not be exlcuded from the auto policy.

Completed and signed terrorism form upon binding.

3 years current dated hard copy loss runs upon binding

Commission is not to be taken on taxes or fees.

Coverage is subject to cancellation if above listed information is not received within 10 days of binding.

Coverage quoted may not necessarily match original coverage requested. Advise insured accordingly.

Minimum and deposit premium.

No flat cancellations.

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

PAYMENT: \$1,215.00 DUE IN 30 DAYS FROM EFFECTIVE DATE.

WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT.  
FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.

B&W PRODUCER: Jennifer S Streiffert